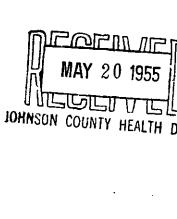
FILED MAY 23 1955 STANDARD CERTIFICATE OF DEATH BIRTH NO	State File No. 15867
BIRTH NO. REG. DIST. NO. /25 PRIMARY DEC. DIST. NO. 4253	· • • • • • • • • • • • • • • • • • • •
	Registrar's No.
1 " LACE OF DEATH . 1 2. USUAL RESIDENCE (Where dec	osased lived. If institution: residence before
/ a. COUNTY Johnson a. STATE Missouri	b. COUNTY Johnson admission).
b. CITY (If outside corporate limits; write RURAL and give C. LENGTH OF C. CITY (If outside corporate limits, write BI OR OR	URAL and give towaship)
TOWN Chilhowee 15 was Town Chilhowee	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3. NAME OF a. (First) b. (Middle) c. (Last) 4. DAT	tion)
DECEASED	
(Type or Print) William McKinley Wendel DEAT	May 16 1955
WIDOWED, DIVORCED (Specify) last b	(In years # DEER I YEAR # DEER IS RES.
Male White Married / Mar. 22 1901 54	<u>4 1/25</u>
10a. USUAL OCCUPATION (Give kind of work: 10b. KIND OF BUSINESS OR IN- DUSTRY DUSTRY)	12. CITIZEN OF WHAT
Carpenter Leeds. Missouri	COUNTRY
	U.S.A.
Commo District Way 2-7	-
UGOTGO PALLID WONGOL 4 EUNICO Mayfield Eva Loc	e Taxlor
(Yes, no, or unknown) (If yes, give war or dates of service) NO.	
	Chilhowee Mo.
18. CAUSE OF DEATH MEDICAL CERTIFICATION MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per I. DISEASE OR CONDITION Iline for (a), (b), and (c) DIRECTLY LEADING TO DEATH*(a) HEPATIC CARCING	OMA SMONTHS
*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the discase, figure, or complications which caused death. *This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the discase, figure, or complication to make the underlying cause last. *DUE TO (c) *II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the discuss or condition causing death.	157 X
19a. DATE OF OPERA- 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY1
TAN25,1955 GASTRICCARCINOMA & HEPATIC METAS	STASIS YEAD NO EX
at the same and th	(COUNTY) (STATE)
SUICIDE bome, farm, factory, street, office bldg., sec.)	(
Zib. PLACE OF INJURY (a.g., in or about bome, farm, fastory, street, office bidg., etc.) Zic. (CITY, TOWN, OR TOWNSHIP) Zic. (CITY, TOWNSHIP)	
22. I hereby certify that I attended the deceased from 20. 3/., 1955, to MAY /6, 195 alive on MAY /5, 1955, and that death occurred at 5:00 Am., from the causes and on 23a. SIGNATURE (Degree or title) 23b. ADDRESS	55, that I last saw the deceased
Z3a. SIGNATURE (Degree or title) Z3b. ADDRESS ,	23c. DATE SIGNED
	5-17:55
24a. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (C. TION, REMOVAL (Speeds)	ity, town, or county) (State)
24s. BURIAL, CREMA- 24th DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (OF Burial 5/18/55 Chilhowee Chilho	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE \(\frac{1}{2} \) L25, FUNERAL DIRECTOR'S SIGNATURE	RE ADDRESS
5/17/51 ALCOOK Funeral Home, Chilhowee, Mo.	
(Licensed Embalmer's Statement on Reverse Side)	



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by___.

working under my personal supervision.

Signed.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Ligensed Embalmer No